



## **Tigger's Too Multi-Age Playschool (Saanichton Location)**

**Tigger's Too Multi- Age** is a facility with Christian values to help promote a loving and nurturing environment.

### **CHILDCARE POLICY PARENTAL AGREEMENT**

#### **1. PRESENT FEES:**

- REGISTRATION FEE: \$80.00 (*non-refundable*)

- DEPOSIT: \$200.00 for kindergarten

*\$100 to be credited to last attending month's fees (with proper notice)*

a) 17mos to 30mos	\$1250.00
30 months to 36 months	\$1080.00
3yrs to 5yrs	\$940.00

b) Part time care (3 days or less)	
17mos to 30mos	\$900.00(3days)
	\$700.00 (2days)
30mos to 36mos	\$65per day
3yrs to 5yrs	\$55 per day

d) Hourly rate \$15.00 per hour

**Preschool Activity Fee:** \$25.00

This is paid once a year in September to help with the cost of preschool supplies.

#### **HOURS:**

**7:30a.m. to 5:30 p .m. MONDAY TO FRIDAY.  
CLOSED ON ALL STATUTORY HOLIDAYS.**

## **2. FEES & SUBSIDY STRUCTURE:**

### **a) FEES:**

\*ALL PAYMENTS ARE MADE THROUGH ETRANSFER BY THE 1<sup>ST</sup> OF EACH MONTH. CASH & CHEQUES WILL NOT BE TAKEN, UNLESS SPECIAL ARRANGEMENTS ARE MADE WITH THE OWNER.

\*\*PAYMENTS ARE TO BE MADE ONE MONTH IN ADVANCE, ON THE FIRST DAY OF THE MONTH.

### **b) SUBSIDY:**

**PARENTS ARE RESPONSIBLE FOR RENEWING THEIR APPLICATIONS BEFORE THE EXPIRED DATE.** IF CONFIRMATION IS NOT MADE BEFORE THE EXPIRED DATE, THE PARENT WILL PAY THE FULL FEE UNTIL RENEWAL IS APPROVED.

### **c) FEES IN ARREARS:**

THERE WILL BE A CHARGE OF \$25.00, FOR ANY N.S.F. CHEQUES, **PLUS** A \$50.00 LATE FEE.

IF YOUR FEES BECOME MORE THAN TWO (2) WEEKS IN ARREARS IN YOUR ACCOUNT, YOUR CHILD/REN WILL NOT BE ACCEPTED TO TIGGER'S UNTIL ALL FEES ARE PAID.

### **d) DEPOSIT: \$200.00**

MUST BE PAID BEFORE THE CHILD STARTS.

\$100 of this will be credited to monthly fees for the last month the child attends the Center (if proper notice is given).

### **e) REGISTRATION FEE: \$80.00**

TO BE PAID AT TIME OF REGISTRATION.

This holds your space. Parents get \$10.00 off for each additional child.

### **f) PROOF OF SUBSIDY:**

AUTHORIZATION NUMBERS MUST BE RECEIVED BEFORE A CHILD STARTS AT THE CENTRE OR HALF OF FEE IS DUE AT START DATE.

To be reimbursed (not including deposit) when subsidy is received.

### **g) LATE FEE: \$50.00**

TO BE APPLIED FOR ANY FEES NOT RECEIVED BY THE 2<sup>ND</sup> OF THE MONTH.

IF FEES HAVE NOT BEEN RECEIVED BY THE 15<sup>TH</sup> OF THE MONTH, YOUR CHILD WILL NOT BE ACCEPTED AT THE CENTRE UNTIL ALL FEES ARE PAID IN FULL.

### **3. POLICIES AND AGREEMENTS:**

#### **a) BEHAVIOUR AND CONDUCT:**

- i) If a child's behaviour becomes abusive and uncontrollable and is deemed too dangerous to have at the center, notice will be given to have up to two weeks to find alternative care.
- ii) If a parent's behaviour becomes abusive and/or inappropriate language is used towards the staff, children, or other parents, a verbal warning will be given. If the parent chooses not to adhere to the warning, the police will be contacted. If this behaviour continues, the parents will be given notice immediately not to return to the center and to find alternative care. Any fees not used for that month will not be returned, including deposit.

#### **b) LATE PICK-UP:**

A late fee of \$20.00 will be applied for each child picked up after 5:30 pm. This late fee will be applied to your following month's fee.

- i) If a child remains after 6:00 pm we will begin calling emergency contacts obtained from your registration form.
- ii) If a child remains after 6:30 pm. the appropriate authorities will be notified.

#### **c) OBSERVATION PERIOD:**

A two-week observation period is in place. A parent or staff member may choose to terminate the care agreement not later than two weeks after the child starts. The registration fee will be returned should the staff choose to cancel the agreement. The deposit pays the two-weeks of care in this case.

Should the parent(s) choose to cancel care, there will not be a refund unless special arrangements are made with the manager and/or the owner.

#### **d) ABSENT/ARRIVAL:**

If your child is to be late or absent, a phone call must be made to the daycare no later than **9:30 am**. Your child may not be accepted after 9:30 am if a call is not received.

#### **e) WITHDRAWAL:**

This must be a written notice and be received by a staff member before the first (1<sup>ST</sup>) day of the month to be valid. Notices received after the first (1<sup>ST</sup>) will not be considered valid and you will be charged that month's fee.

#### **f) PART-TIME PARENTS:**

Days reserved for your child cannot be changed to other days unless a holiday falls on that day. Special permission must be given before any prearranged days may be changed.

#### **g) CHILDREN'S BIRTHDAYS:**

Parents are welcome to bring a cake or cupcakes for an afternoon celebration.

#### **h) NEWSLETTER/CALENDARS:**

Monthly newsletters and calendars will be issued to families to inform you of your child's upcoming trips, special activities, and various themes.

**i) TOYS FROM HOME:**

We discourage any toys brought from home. We will have special days outlined on our calendar for your child to bring a small, special toy. These days, have the item clearly labeled with your child's name as toys are easily lost or broken.

**j) CHILDREN INJURES AND /OR ILLNESS**

Tigger's holds no liability to any injuries or illness that may occur at the centre. It is the responsibility of the parent to cover any costs that may occur due to injury or illness.

**4. LUNCHESES & SNACKS:**

Parents are requested to provide a healthy, nutritious lunch and snack every day. Please do not send foods with a high sugar content or "junk food". All containers must be clearly labeled. The center does supply one (1) healthy snack per day.

**In an event that your child behaves in an unsafe manner during lunch or snack time, they will be redirected and then given the opportunity to rejoin the group. At this time, they have the opportunity to try again to eat in a safe manner. Food is never withheld or treated as punishment or as a reward.**

**WE ARE A NUT FREE CENTRE!!**

**Please do not send any kind of nuts and seeds, peanut butter sandwiches, or any foods that may contain any form of nuts or seeds. Also, please be aware of any use of peanut oil, sesame oil, nuts or seeds in food items.**

**5. FIELD TRIPS:**

**I authorize my child \_\_\_\_\_, to attend outings away from Tigger's Too. I hold no liability to the owner and/or staff for accidental injury or illness that might occur on the premises, outside the premises, on field trips, and/or in the daycare vehicle.**

**6. HEALTH AND SAFETY:**

**a) The staff have the right to refuse admission to a child who appears too ill to be at the center.**

**b) If a child becomes ill during the day, the staff will contact the parent(s).**

**- If the parent(s) cannot be located:**

**I authorize the staff to:**

**\* Make arrangements to put the child in the care of an alternate person named on the registration.**

**c) In the case of an emergency, the staff will contact the parent(s).**

**- If the parent(s) cannot be located:**

**I authorize the staff to:**

- \* Call my family physician,
- \* Call the alternate person named on the enrollment form,
- \* Take the child to the hospital (which may be by ambulance).

**d)** No staff member will administer my child any medicine without my permission in writing. (Administer Medication forms are available)

**e)** I will provide adequate clothing (raincoat and/or snowsuit with boots for winter.) A change of clothes will be kept at the Center. All children must have play shoes for outside time that are **comfortable and safe** to walk in. Please make sure that there are no open toed shoes.

**f)** I will provide a written notice if someone else is picking up my child that is not on the registrations form. Picture Identification will be required.

**g)** I will keep the staff informed of any event or change of routine that might affect my child's behavior.

**h)** All **immunization** records will be submitted **before** my child's start-date at the Center.

**i)** An **up to date** picture of my child(ren) will be submitted **before** my child's start-date at the Center

**j)** All known allergies will be documented on both the application and emergency cards.

**Registration paid:** \_\_\_\_\_  
(Non-Refundable 12 hours after policy is signed)

**Deposit paid:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Signature(s):** \_\_\_\_\_

**Signing acknowledges that the parent or guardian has read, understands and accepts the terms and conditions of this policy.**

**Start Date:** \_\_\_\_\_

**Finish Date:** \_\_\_\_\_ **(if applicable)**

**CHILD RELEASE FORM**

**Tigger's Too Multi-Age Playschool**

1) LATE PICK UP

If a guardian has not picked up a child or has not called by 5:30pm the caregiver will try to contact the family and then alternative person/s from the authorized pick up list. If that person is unavailable and the parent has not contacted the caregiver by 6:00pm, the caregiver is required to notify the Ministry for Children and Families. A late fee of \$20.00 will be applied for each child picked up after 5:30pm. If late pick up is an ongoing problem and reasonable effort has been made by staff to solve it, then notice of termination of service may be given.

2) UNAUTHORIZED PICK UP

The guardian is required to notify the caregiver in writing if someone else will be picking up the child. If the caregiver does not know the person picking up the child, information about the person will need to be provided (name, phone number, physical description). The person will be asked to show photo identification. If an unauthorized person arrives to pick up a child, the child will remain under the supervision of the caregiver. The caregiver will speak to the individual and explain the policy that no child will be released without written authorization from the guardian. If difficulties arise, all reasonable efforts will be made to ensure the safety of the child and other children. If necessary, the police will be called for assistance.

3) ALLEGED IMPAIRED PICK UP

It is the caregiver's responsibility, to the extent that it is possible, not to release a child to an authorized person who is unable to adequately care for a child. If the caregiver believes that a child will be at risk, the caregiver will offer to call a relative or friend to pickup the person and child or offer to call a cab to pick them up. If the person is driving a vehicle, the caregiver will explain that driving while under the influence of drugs or alcohol is against the law and that the caregiver is obligated to ensure the safety and well being of the child. If the presumed impaired person chooses to get in the car with or without the child, the caregiver will immediately notify the police and provide a description of the car and geographic vicinity. If the caregiver believes that the child needs protection, the caregiver will call the Ministry for Children and Families.

4) CUSTODY AND RELATED COURT ORDERS

If a custody or court order exists, a copy of the order needs to be placed in the child's file. The guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child. Without a custody or court order on file, the caregiver cannot deny access to the non-enrolling parent. If the non-enrolling parents are not listed on the authorized pick up list, the policy on unauthorized persons will be implemented. The guardian will provide all consents.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

# TIGGER'S TOO PLAYSCHOOL

## PARENTAL FEE CONTRACT                      **\*\*\*\* PLEASE INITIAL EACH SECTION**

\_\_\_ I AGREE TO PAY THE FEE OF \_\_\_\_\_ BY THE 1<sup>ST</sup> OF THE MONTH. I WILL PAY FOR THIS ON OR BEFORE THE 1<sup>ST</sup> OF EACH MONTH BY ETRANSFER. AFTER THE 1<sup>ST</sup> I MAY BE CHARGED A LATE FEE.

\_\_\_ PARENTS ON SUBSIDY: I AGREE TO PAY THE FEE OF \_\_\_\_\_. SUBSIDY PORTION IS \_\_\_\_\_, AND MY PARENT PORTION FEE \_\_\_\_\_.

\_\_\_ I AM AWARE THAT FEES MAY BE SUBJECT TO CHANGE. A CHANGE IS EXPECTED WHEN THE NEW SUBSIDY IS ESTABLISHED.

\_\_\_ I AM AWARE OF THE LATE FEE POLICY.

\_\_\_ I AM AWARE THAT I AM RESPONSIBLE TO KEEP MY SUBSIDY RENEWED AND TO KEEP THE DAYCARE INFORMED IF THERE IS A PROBLEM.

\_\_\_ I AM AWARE OF THE **WITHDRAWAL POLICY** AND KNOW THAT IF I DO NOT GIVE NOTICE ON THE 1<sup>ST</sup> OF THE MONTH, DEPOSIT PAID WILL NOT BE RETURNED.

\_\_\_ I UNDERSTAND THAT IF MY FEES ARE OUTSTANDING, I WILL BE REFUSED SERVICE UNTIL ARRANGEMENTS FOR PAYMENTS ARE MADE.

\_\_\_ I UNDERSTAND THE **LATE PICK-UP FEE OF \$20.00** WILL BE APPLIED TO MY BILL. AFTER 5:30 p.m. OTHER ARRANGEMENTS WILL BE MADE AT THE OWNER'S DISCRETION.

\_\_\_ I UNDERSTAND THAT IF MY CHILD'S BEHAVIOUR BECOMES ABUSIVE OR UNCONTROLLABLE OR BECOMES A SAFETY ISSUE TO STAFF AND/OR OTHER CHILDREN, I WILL BE CALLED TO REMOVE HIM/HER. AFTER THREE INCIDENTS, A MEETING WILL BE SET WITH THE OWNER TO DISCUSS OPTIONS.

\_\_\_ I HAVE READ AND UNDERSTAND AND DO AGREE TO THE TERMS AND CONDITIONS OF TIGGER'S PLAYSCHOOL POLICIES AND PROCEDURES AS SET OUT IN THE PARENT PACKAGE AND THE PARENT AGREEMENT CONTRACT.

**PARENT/GUARDIAN SIGNATURE(S):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Dear Parents,

As your children participate in various activities at our childcare centers, occasionally pictures are taken of them to capture and preserve the memories of these precious times. We will be creating a photo album on the website that is currently being developed for all the centers and we would like to be able to use some of these pictures of your children.

Please indicate below if you give permission, or not, for us to post pictures of your child.

Thank you,

Raymonde Foyster  
Owner/Director

-----  
Name of childcare center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Yes, I give permission for photos of my child to be posted on the center's website, Facebook, Instagram.

\_\_\_\_\_ No, I do not give permission for photos of my child to be posted on the center's website, Facebook, Instagram.

To reduce paper waste, we are doing are part by asking parents for their email to have invoice, calendar, and newsletter emailed to them.

Parents Email Address: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**Children's File Information/Emergency Contacts:**

Name of Childcare Center:

\_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Child's DOB : (M/D/Y) \_\_\_\_\_

Child's School: \_\_\_\_\_

Child's Grade When Started Care: \_\_\_\_\_

**Parent's/Guardian's Name (N), Relation to Child (R), Contact Phone Number (#):**

(Please include as many as possible. Example : Birth Parents, Grand Parents, Step Parents, Foster Parents, etc.)

I consent to the following people being allowed to pick up my child from the center on my behalf and understand that my child will not be released to them unless they provide photo ID that matches the name I have provided below, I also understand that I must notify the center if an alternate caretaker is picking up my child:

N: \_\_\_\_\_ R: \_\_\_\_\_ #:

\_\_\_\_\_

N: \_\_\_\_\_ R: \_\_\_\_\_ #:

\_\_\_\_\_

N: \_\_\_\_\_ R: \_\_\_\_\_ #:

\_\_\_\_\_

N: \_\_\_\_\_ R: \_\_\_\_\_ #:

\_\_\_\_\_

N: \_\_\_\_\_ R: \_\_\_\_\_ #:

\_\_\_\_\_

To reduce paper waste, we are doing our part by asking parents for their email to have the calendar and newsletter emailed to them.

Parents Email Address: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Emergency Information Cards:

Ensure to fill out ALL THREE cards as these provide the crucial information that we will need with us when we are away from the center, at the park and on field trips as well as provide a quick view during emergency situations. Your child(ren) cannot start at the center until all the cards are filled in and signed.

Child's Name: _____	DOB: _____
(Last) (First)	(D/M/Y)
Gender: __ M __ F __ Other	Preferred Pronouns: _____
Home Address: _____	(Postal Code)
Parent/Guardian: _____	(Name) (Cell Phone) (Work Phone)
Parent/Guardian: _____	(Name) (Cell Phone) (Work Phone)
Emergency Contact: _____	(Name) (Cell Phone) (Work Phone)
Child's Doctor: Name: _____ # _____	(Please put the name and number of the medical clinic the child goes to if you do not have a family doctor)
Child's Dentist: Name: _____ # _____	
Medical Number: _____	Allergies: _____
Medications: _____	
Medical Conditions: _____	
_____	
<u>Child Emergency Information Card:</u>	<u>Permission Form:</u>
1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.	
2. I authorize the staff at the _____ childcare facility to call a physician, take my child to the nearest emergency center or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.	
Date: _____	Parent/Guardian Signature: _____
Date: _____	Parent/Guardian Signature: _____
UndertheUmbrellaInc.	

## Emergency Information Cards:

Child's Name: _____	DOB: _____
(Last) (First)	(D/M/Y)
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Preferred Pronouns: _____
Home Address: _____	(Postal Code)
Parent/Guardian: _____	(Name) (Cell Phone) (Work Phone)
Parent/Guardian: _____	(Name) (Cell Phone) (Work Phone)
Emergency Contact: _____	(Name) (Cell Phone) (Work Phone)
Child's Doctor: Name: _____ # _____	(Please put the name and number of the medical clinic the child goes to if you do not have a family doctor)
Child's Dentist: Name: _____ # _____	
Medical Number: _____	Allergies: _____
Medications: _____	
Medical Conditions: _____	

### Child Emergency Information Card:

### Permission Form:

- It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.
- I authorize the staff at the \_\_\_\_\_ childcare facility to call a physician, take my child to the nearest emergency center or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## Emergency Information Cards:

Child's Name: _____	DOB: _____
(Last) (First)	(D/M/Y)
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Preferred Pronouns: _____
Home Address: _____	(Postal Code)
Parent/Guardian: _____	(Name) (Cell Phone) (Work Phone)
Parent/Guardian: _____	(Name) (Cell Phone) (Work Phone)
Emergency Contact: _____	(Name) (Cell Phone) (Work Phone)
Child's Doctor: Name: _____ # _____	(Please put the name and number of the medical clinic the child goes to if you do not have a family doctor)
Child's Dentist: Name: _____ # _____	
Medical Number: _____	Allergies: _____
Medications: _____	
Medical Conditions: _____	

  

<u>Child Emergency Information Card:</u>	<u>Permission Form:</u>
<p>5. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.</p> <p>6. I authorize the staff at the _____ childcare facility to call a physician, take my child to the nearest emergency center or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.</p> <p>Date: _____ Parent/Guardian Signature: _____</p> <p>Date: _____ Parent/Guardian Signature: _____</p> <p>Undertheumbrella Inc.</p>	

**Child Care Plan** (If Applicable)

The child care plan is to be filled out if your child has any specialized needs due to atypical conditions such as, but not limited to, physical differences, anxiety, ADHD, FAS, autism, trauma, emotional dysregulation, etc. The child care plan should also be filled out if your child is experiencing significant stressors in their life outside of our center, such as parental separation, losses in the family, foster care changes, difficulties at school, etc. Giving our staff an outline so that your child can receive the extra care and attention needed for them to thrive is important to us. Please fill in the form thoroughly and provide as much information as possible.

Child's Name:

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Child's Condition(s):

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Please describe your child's specialized needs:

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Potential triggers for my child:

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Signs that my child is becoming distressed:

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The best ways to help my child de-escalate or feel safe and calm again are:

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After an episode the best thing for my child to do to decompress is:

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**Child Care Plan Cont.**

My child likes the following activities:

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My child dislikes the following activities:

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My child requires a one-on-one aid: YES NO

If yes, please reach out to Raymonde directly and ensure your child has the support worker they need. Children who qualify through the appropriate assessment authorities and are granted funding will receive aid provided by our centers.

My child takes medication daily that must be administered by the staff: YES NO

Type of medication(s):

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Time(s) of day medication must be given:

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How to administer the medication (please include if the medication must be taken with water, juice, food or on an empty stomach):

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I \_\_\_\_\_, legal guardian of \_\_\_\_\_, give my permission for my child to be administered the medication listed above in the way I have directed by Tigger's staff while in their care. I have filled out my child's care plan to the best of my knowledge and will keep the Tigger's staff notified with any changes to ensure my child's care stays up-to-date regarding their specialized needs. I understand that this care plan must be completed and given to the center BEFORE my child's start date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child Allergy Emergency Plan** (If Applicable)

The child emergency plan is to be filled out if your child has any allergies, so that our staff can take extra care to prevent exposure. It is also the resource the staff will have on hand in the unlikely event that the child does have a reaction. Please fill the form out thoroughly, including as much information as possible.

Child's Full Legal Name: \_\_\_\_\_

Allergic To: \_\_\_\_\_

Severity:   Mild   Moderate   Severe

If the child is exposed and begins having a reaction staff are to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the child have a(n):

EpiPen: Y   N

Antihistamines: Y   N

Other:

\_\_\_\_\_

Medication Location at the Center: (Filled in by staff)

\_\_\_\_\_

I \_\_\_\_\_, guardian of \_\_\_\_\_  
give my consent to the staff at Tigger's Childcare Centers to administer the above medication(s) to my child in the event of an emergency consisting of an allergic reaction if the staff believe it is necessary, and I understand that if my child needs emergency medical attention I will be contacted after paramedics have been called and Tigger's Childcare Centers are not liable for any costs involved in any incident related to my child experiencing an allergic reaction.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Child's Medical Number: \_\_\_\_\_

**Tigger's Too Multi-Age Playschool**  
**CHILD CARE REGISTRATION FORM**

(Include two up-to-date photos of your child)

**FACILITY**

NAME OF FACILITY: \_\_\_\_\_ DATE OF ENROLLMENT: \_\_\_\_\_

(YYYY/MM/DD)

FIRST DAY OF ATTENDANCE: \_\_\_\_\_

LAST DAY OF ATTENDANCE: \_\_\_\_\_

(YYYY/MM/DD)

**CHILD**

NAME OF

CHILD \_\_\_\_\_

MIDDLE                      SURNAME                      GIVEN

NAME CHILD RESPONDS TO: \_\_\_\_\_ GENDER:    F    M  
Other

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_

(YYYY/MM/DD)

**PARENTS/GUARDIANS:**

FULL LEGAL NAME:

\_\_\_\_\_

PLACE OF WORK: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

DAYS WORKING PER WEEK: \_\_\_\_\_ WORK START/FINISH TIMES: \_\_\_\_\_

FULL LEGAL NAME:

\_\_\_\_\_

PLACE OF WORK: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

DAYS WORKING PER WEEK: \_\_\_\_\_ WORK START/FINISH TIMES: \_\_\_\_\_

**MEDICAL INFORMATION:**

FAMILY DOCTOR: \_\_\_\_\_ DOCTOR PHONE # \_\_\_\_\_

MEDICAL INSURANCE PLAN # \_\_\_\_\_ DATE EFFECTIVE: \_\_\_\_\_



**ALTERNATE PERSON(S) TO CALL/PICK-UP CHILD IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP CHILD FROM FACILITY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PERSONS NOT PERMITTED TO ACCESS CHILD:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

IS THERE A CUSTODY ORDER?  Y  N IF YES PLEASE ATTACH DOCUMENTATION

**NAMES OF OTHER CHILDREN LIVING AT HOME:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(YYYY/MM/DD)

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(YYYY/MM/DD)

**HAS CHILD HAD PREVIOUS EXPERIENCE BEING AWAY FROM HOME?**

(DAYCARE, PRESCHOOL, SUNDAY SCHOOL ETC) Y N

IF YES, EXPLAIN:

\_\_\_\_\_

WHERE: \_\_\_\_\_ DATES OF ATTENDANCE:

DO YOU THINK YOUR CHILD FEELS COMFORTABLE LEAVING PARENTS?  Y  N

EXPLAIN:

\_\_\_\_\_

**DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES? Y N IF YES, ATTACH DOCUMENTATION**

LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD:

\_\_\_\_\_

\_\_\_\_\_

HAVE THEY HAD ANY RECENT ILLNESS? Y N IF YES, PLEASE LIST:

\_\_\_\_\_

\_\_\_\_\_



**BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY  
PARENT/GUARDIAN**

(ATTACH IMMUNIZATION RECORD – OR RECORD THE DATES)

First Visit – Two Months of Age: (YYYY/MM/DD)	Fourth Visit – 12 Months of Age: (YYYY/MM/DD)
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal C Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal Conjugate	
<input type="checkbox"/> Meningococcal C Conjugate	
Second Visit: (YYYY/MM/DD) Two Months After First Visit	
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Pertussis
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Polio	<input type="checkbox"/> Polio
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	<input type="checkbox"/> Haemophilus Influenza Type b (hib)
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Measles, Mumps, Rubella
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Pneumococcal Conjugate
Third Visit: (YYYY/MM/DD) Two Months After Second Visit	4 to 6 Years of Age: (YYYY/MM/DD)
	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Polio	<input type="checkbox"/> Polio
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Pertussis	Other Immunizations:
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Polio	
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	
<input type="checkbox"/> Hepatitis B	YYYY/MM/DD:
<input type="checkbox"/> Pneumococcal Conjugate	YYYY/MM/DD:

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED. Parent/Guardian Signature:

Date: \_\_\_\_\_  
 Caregiver Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

